

GEORGIA BANK & TRUST
CREDIT/DEBIT AUTHORIZATION FORM

EASY PAY

I (we) hereby authorize the Augusta Utilities Department (THE COMPANY) to initiate entries to my checking/saving accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transaction credited in error. The authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State & Zip)

(Signature)

(Date)

(Name – PLEASE PRINT)

(Telephone No.)

(Address – PLEASE PRINT)

Checking/Savings Account Number _____

Financial Institution Routing Number: _____
(Look between these symbols 1: :1 on the bottom left of your check)

Water Acct# _____ Cycle No. _____

Please include a voided unsigned check with application. Do not send application along with payment.

Mailing Address: AUGUSTA UTILITIES DEPARTMENT
530 GREENE STREET, ROOM 118
AUGUSTA, GA 30911

Pre-Arrangement Payment Policies

Due to processing time, please continue to pay your monthly bill until the following notification prints on your bill: **“BANK DRAFT – DO NOT PAY”**. Your account will be drafted on the penalty date or first business date thereafter. A service fee of \$20.00 or 5% whichever is greater will be charged on drafts returned for any reason. Two returns will terminate this agreement. Augusta Utilities does not accept any responsibility for disputes between the customer and/or bank concerning financial matters.

Initial & Date